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06/25/2004

ALIX YALE & RISTAS LLP
 750 MAIN STREET
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 HARTFORD, CT 06103



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Guy D. Yale	(Depositor's name)
<i>[Signature]</i>	(Signature)
September 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/700,038	11/03/2003	Shiu-fai Jim	GAFFMY/101/US	3396

TITLE OF INVENTION: RETRACTABLE MAGNIFIER WITH AN ELECTRIC LAMP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STULTZ, JESSICA T	2873	359-802000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Alix, Yale & Ristas, LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Concavex Plastic Works Limited

Hong Kong Special Administrative Region, China

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 16-2563 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Guy D. Yale

9-24-04

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01 FC:2501
 02 FC:1504

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